

HARFORD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH www.co.ha.md.us/health

120 South Hays Street, Suite 200

P.O. Box 797

Bel Air, Maryland 21014-0797

Telephone: 443-643-0300 Fax: 443-643-0333

Public Information Act (PIA) Request for Information Form

DATE OF REQUEST:						
REQUESTER INFORMATION						
Name (First, MI	, Last)					
Title						
Organization						
Category		☐ Attorney ☐ Consultant				
Street Address_						
City		State	Zip		Country	
Billing address (if different than above) Street Address CityStateZipCountry Telephone						
City		State	Zip_		Country	
Telephone						
PROPERTY/F	ACILITY F	OR WHICH IN	FORMATI	ON IS REQ	UESTED	
Facility Name _						
Street Address_						
Subdivision _						
Tax Map	Grid	_ Parcel	_ Lot#	Tax ID#		

PLEASE COMPLETE BACK PAGE

OFFICE USE ONLY
of photocopies_
payment received \$_
process date /_/
processed by (initials)

Please check the HCHD program from which you are seeking records.
☐ Air Quality and Solid Waste Control
☐ Building Permits
☐ On-Site Sewage Disposal Permits, Inspection and Enforcement
☐ Percolation Tests
☐ Site Plans and Subdivision Review
□ Well Permits
□ Well Water Sampling
☐ Food Control/ Food Facility Inspections
□ Rabies/ Vector Control
Please specify what information is being requested:
☐ I will pick this information up after being called and notified that it is ready.
☐ I wish this information to be mailed at my expense.
PLEASE NOTE: Under the Public Information Act, the Harford County Health Department has 30 (thirty) days to fulfill this request for information, whereupon, if the request cannot be honored, you will be notified within 10 (ten) days regarding the denial.
FEE INFORMATION: Photocopies are \$0.50 per page. Postage will be added to the photocopy fee for items mailed. Staff time is charged at \$25 per hour after the first two hours.

It is recommended that all concerned parties, including realtors, buyers, etc., come

in and research the Health Department files for all information.